


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000004501</b>	
<b>1. Entity Name</b> PENFORD PRODUCTS CO.	

<b>Principal Place of Business</b> 7094 SOUTH REVERE PKWY. ENGLEWOOD, CO 80112	<b>Mailing Address</b> 7094 SOUTH REVERE PKWY. ENGLEWOOD, CO 80112-3932
--	---



01032005 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 91-0866902	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
---

**DO NOT WRITE  
IN THIS SPACE**

**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

UN0000333221  
04/26/05-80089-020 150.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PCEO
<b>NAME</b>	MALKOSKI, THOMAS D
<b>STREET ADDRESS</b>	7094 S REVERE PKWY.
<b>CITY-ST-ZIP</b>	ENGLEWOOD, CO 80112
<b>TITLE</b>	PGM
<b>NAME</b>	KEELEY, GREGORY R
<b>STREET ADDRESS</b>	7094 S REVERE PKWY.
<b>CITY-ST-ZIP</b>	ENGLEWOOD, CO 80112
<b>TITLE</b>	VGM
<b>NAME</b>	RANDALL, JOHN R
<b>STREET ADDRESS</b>	7094 S REVERE PKWY.
<b>CITY-ST-ZIP</b>	ENGLEWOOD, CO 80112
<b>TITLE</b>	VCS
<b>NAME</b>	CORDIER, STEVE
<b>STREET ADDRESS</b>	7094 S REVERE PKWY.
<b>CITY-ST-ZIP</b>	ENGLEWOOD, CO 80112
<b>TITLE</b>	AS
<b>NAME</b>	VON DER SCHMIDT, MARGARET
<b>STREET ADDRESS</b>	7094 S REVERE PKWY.
<b>CITY-ST-ZIP</b>	ENGLEWOOD, CO 80112
<b>TITLE</b>	C
<b>NAME</b>	WYNNE, MARK
<b>STREET ADDRESS</b>	7094 S REVERE PKWY.
<b>CITY-ST-ZIP</b>	ENGLEWOOD, CO 80112

**DO NOT WRITE  
IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *M. Von der Schmidt* **MARGARET VONDER SCHMIDT** 4/6/05 303-649-1900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #